

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  151300		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/09/2011	
NAME OF PROVIDER OR SUPPLIER  COMMUNITY HOSPITAL OF BREMEN INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1020 HIGH RD BREMEN, IN46506			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
S0000	<p>This visit was for a standard licensure survey.</p> <p>Facility Number: 005097</p> <p>Survey Date: 08/08-09/2011</p> <p>Surveyors: ReBecca Lair, LCSW Medical Surveyor</p> <p>Jacqueline Brown, RN Public Health Nurse Surveyor</p> <p>Lynnette Smith Laboratorian/Medical Surveyor</p> <p>QA: cloughlin 08/17/11</p>			S0000			
S1234	<p>410 IAC 15-1.5-9(d)(1)</p> <p>(d) A full-time, part-time, or consulting radiologist or physician qualified by education and experience in the service provided as determined by the medical staff shall do the following:</p> <p>(1) Supervise the service provided. Based on document review and interview, the facility failed to show evidence of a qualified individual determined by the medical staff to supervise the radiology</p>			S1234	<p>A medical staff policy has been written to meet the Indiana Code for a radiology director. The policy includes qualifications of a medical director not only for</p>		08/26/2011

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/25/2011

FORM APPROVED

OMB NO. 0938-0391

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	<p>program.</p> <p>1.) Upon document review, the facility was unable to provide documentation of a full-time, part time, or consulting radiologist or physician qualified by education and experience in the service provided as determined by the medical staff. No further documentation was provided prior to survey exit.</p> <p>2.) Upon interview on August 9, 2011 at 10:45am Employee #A14 indicated that the facility is currently without a staff person in this position.</p>				<p>radiology services but any other clinical areas that require a medical director. The policy also outlines roles and responsibilities of a medical director. This policy has been reviewed and signed by the President of the Medical Staff. There is a medical director in place at Community Hospital of Bremen. Steven Gerstler M.D. is the current medical director and is Board Certified in Radiology. There has not been a vacancy in this position, if he is unable to be present, another radiologist from the physician groups who is also Board certified fills this position.</p>		